

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for instructions.
Please type or print clearly. Press Hard.

57339

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001607**

SFUND RECORDS CTR
999000927

GENERATOR (Generator Must Complete)

② Name **ALUMINUM COMPANY OF AMERICA**
VERNON WORKS
EPA NO. **C A D 0 7 4 1 2 6 6 8 1**
Address **5151 Alcoa Ave.** Phone No. **588-6141**
City, State, Zip **Vernon, Ca. 90058**

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name **OPERATING INDUSTRIES, INC.**
EPA NO. **C A D 0 8 0 0 1 2 0 2 4**
Address **900 N. Potrero Grande Dr.**
City, State, Zip **Monterey Park, Ca.**

④ Alternate TSD Facility

Name **CHEMICAL WASTE MANAGEMENT INC.**
EPA NO. **C A T 0 0 0 6 4 6 1 1 7**
Address **P.O. Box 1104, 430 W. Elm Ave.**
City, State, Zip **Coalinga, Ca. 93210**

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER: _____
TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

⑥ WASTE CATEGORY **#7** ⑦ EX. HAZ. WASTE PERMIT NO. _____ ⑧ GENERATING PROCESS **Aluminum Fabrication**

LIST COMPONENTS:	CONC.		UNITS		CONC.		UNITS
	UPPER	LOWER			UPPER	LOWER	
⑨ A. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.				<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.				<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.				<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.				<input type="checkbox"/> % <input type="checkbox"/> ppm.

⑩ WASTE PROPERTIES: pH **7** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen
⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **Aluminum Oxides & Water**
⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other _____

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *K. Bump*
Signature of Authorized Agent and Title

8-20-81
Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**
EPA NO. **C A D 0 2 8 2 7 7 0 3 6**
ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**
CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **8-20-81**
TIME _____ ☐ AM ☐ PM

⑯ *Asbury Oil Co. Driver*
Signature of Authorized Agent and Title

8-20-81
Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME *Operating TSD Inc* ⑱ QUANTITY (If Measured) **100 BBL**
EPA NO. **C A T 0 3 0 3 1 2 0 2 4** ⑲ STATE FEE (If Any) _____
PHONE NO. _____

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____

㉑ NAME _____
EPA NO. _____

㉒ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Reuse ☐ Storage/Transfer

㉓ *Operating TSD Inc*
Signature of Authorized Agent and Title

8-20-81
Date Accepted